

AAEM Position Statement on Transparency of Billing for Emergency Care

The American Academy of Emergency Medicine (AAEM) believes that emergency department (ED) physicians should have timely and unencumbered access to services collected in their name. The code of federal regulations (CFR) §424.80 mandates that, in such circumstances when a physician assigns the responsibility of billing (e.g. to an employer, external vendor) for reimbursable services rendered to Medicare patients, a physician is required to have unrestricted ability to review claims data.

In 2012, The Office of the Inspector General of the United States Department of Health & Human Services issued an alert announcing that physicians may be liable for false claims submitted by entities billing and receiving payments on their behalf.^[1] Open access to this data is considered an approach to ensure that physician care is rendered.^[2] If one is aware of or should have been aware of the submission of a false claim, an attempt at receiving reimbursement is illegal.^[3] Unlike malpractice, false claims cannot be insured. This lack of transparency and hidden claims and accounting data is utilized within the corporate practice of medicine and creates unfair practice arrangements.^[4] AAEM is opposed to any and all methods used to hide claims data from the physician providing the care. Emergency physicians must have easily and immediately accessible access to this data from the employer.

[1] <https://oig.hhs.gov/compliance/alerts/guidance/20120208.pdf>

[2] <https://oig.hhs.gov/compliance/alerts/guidance/20120208.pdf>

[3] <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Abuse-MLN4649244-Print-Friendly.pdf>

[4] https://static1.squarespace.com/static/5d6d088dcbc1df0001d22a99/t/60536bfdc05fb339d680d8ff/1616079869484/Viewpoint_Closed_Books_are_the_Lynchpin_of_4+%281%29.pdf